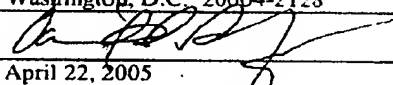
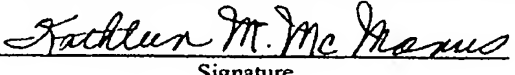


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|--|---|------------------------|---------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/051,297 |
| | | Filing Date | 01/22/2002 |
| | | First Named Inventor | Heinz WALTER et al. |
| | | Group Art Unit | 2857 |
| | | Examiner Name | Jeffrey R. West |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | 740116-358 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment - Reply <input checked="" type="checkbox"/> After Final and Before Submission of Appeal Brief <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Replacement Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | April 22, 2005 |

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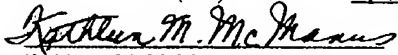
Docket No. 740116-358

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : **RESPONSE UNDER 37 CFR 1.116**
Heinz WALTER et al. : **EXPEDITED PROCEDURE**
Application No. 10/051,297 : **EXAMINING GROUP 2857**
Filed: January 22, 2002 : Examiner: Jeffrey R. West
For: ELECTRICAL TRANSDUCER : Confirmation No. 4774

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Kathleen M. McManus

AMENDMENT AFTER FINAL AND BEFORE SUBMISSION OF APPEAL BRIEF

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Sir:

The following is submitted in response to the final Office Action that was mailed on September 24, 2004, in connection with the above-captioned patent application.